

MDR Tracking Number: M5-04-0539-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-21-03.

The IRO reviewed office visits from 4-29-03 through 7-23-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 6-6-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT codes 97265, 97032, 97035, 97112, 97116, 97124, 97014, and 97036 for dates of service 4-30-03 through 7-23-03 were denied as "N – payment is reduced/denied because doc submitted does not state this mod. was performed." Relevant information submitted did not state that the modality was performed; therefore, no reimbursement recommended.

CPT code 97113 for dates of service 6-23-03 through 7-23-03 had no EOB; therefore, this review will be per the 1996 *Medical Fee Guideline* (MFG). Relevant information supports delivery of services for dates of service 6-23-03, 6-30-03, 7-2-03, 7-7-03, 7-11-03, 7-14-03, 7-16-03, 7-18-03, and 7-21-03. Therefore recommend reimbursement as billed - \$416.00 x 9 = \$3,744.00. Date of service 6-27-03 is not in dispute per the table of disputed services. No relevant information was submitted for dates of service 7-22-03 and 7-23-03; therefore, no reimbursement recommended.

This Decision is hereby issued this 11<sup>th</sup> day of March 2004.

Dee Z. Torres

Medical Dispute Resolution Officer

Medical Review Division

## ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 6-23-03 through 7-21-03 in this dispute.

This Order is hereby issued this 11<sup>th</sup> day of March 2004.

Roy Lewis, Supervisor  
Medical Review Division  
Medical Dispute Resolution  
RL/dzt

December 18, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

## CLINICAL HISTORY

Based on the limited information available, this patient sustained an injury to his ankle while working on \_\_\_\_\_. No initial medical or chiropractic evaluation was provided for review. No medical history was provided, and no objective imaging or testing was submitted for review. This file includes unsigned treatment notes from 4/28/03 through 6/11/03 only. The name and type of provider was not documented. Available facility notes suggest that the patient presents each day with left ankle pain and stiffness, "about the same as previous visit." No working diagnosis was provided. The patient appears to have been provided with e-stim, ultrasound, joint mobilization and other passive modalities with each date of service. Treatment frequency was said to "remain the same" or "at the same interval," though conditions appeared to remain subjectively unchanged throughout the course of treatment.

## DISPUTED SERVICES

Under dispute is the medical necessity of office visits from 4/29/03 through 7/23/03.

## DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

The medical necessity for services performed for dates of service in dispute is not supported by the documentation provided for review. Ongoing passive therapy applications for conditions of this nature are not supported by available peer-reviewed clinical literature or generally accepted professional standards of care.

\_\_\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,